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Summary record of the 2287th meeting
Held at the Palais Wilson, Geneva, on Wednesday, 16 May 2018, at 10 a.m.

Chair: Ms. Winter

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The meeting was called to order at 10.05 a.m.

Consideration of reports of States parties (*continued*)

Combined fifth to seventh periodic reports of Angola (*continued*) (CRC/C/AGO/5-7; CRC/C/AGO/Q/5-7 and CRC/C/AGO/Q/5-7/Add.1)

1. *At the invitation of the Chair, the delegation of Angola took places at the Committee table.*

2. **Ms. Mixinge** (Angola), resuming her delegation's replies to the questions raised at the previous meeting, said that measures were being taken under the National Development Plan for 2018–2022 to stimulate local development and promote the welfare of families, especially children. Data were collected at the communal, municipal, provincial and national levels, under the oversight of the National Statistics Institute. Social services were being progressively decentralized. Integrated social assistance centres had been established in three provinces, as a pilot project, and a cash transfer scheme aimed at vulnerable families had been set up.

3. In order to boost school enrolment, the Government aimed to build 5,000 new classrooms and recruit an additional 20,000 teachers over the next two years. It planned to increase its investment in child-centred projects from US$ 3.1 billion in 2017 to US$ 3.5 billion in 2018. Various measures had been taken to protect the population from natural disasters: a national contingency plan had been drawn up, a national committee on civil protection had been established and legislation on a strategic food reserve had been adopted.

4. The "Water for All" programme was being implemented to increase access to clean drinking water, and measures were being taken in various municipalities to rehouse families living in unsafe conditions. Nine baby-friendly hospitals had been established, in collaboration with the United Nations Children's Fund (UNICEF). Awareness-raising on the benefits of breastfeeding was being carried out and steps were being taken to better regulate the marketing of breast-milk substitutes.

5. Harmful traditional practices were prohibited as soon as they were identified. In order to combat such practices, awareness-raising was conducted among traditional leaders and in communities, with a particular focus on girls' empowerment. A programme for the social reintegration of children who had been accused of witchcraft was under way.

6. Although children could be employed as apprentices or trainees, they were prohibited from engaging in certain occupations, such as mining. Employers who recruited children to work in those fields were prosecuted. Training on labour legislation had recently been provided for labour inspectors.

7. **Mr. Fernandes de Carvalho** (Angola) said that maternal and infant mortality rates had fallen thanks to the decentralization of primary health care and the introduction of the comprehensive package of health measures aimed at mothers and children. As part of the Comprehensive Immunization Programme, vaccination campaigns had been organized throughout the country and vaccination booklets had been issued. A new campaign had been launched in April 2018 with the aim of vaccinating a further 3 million children. In order to combat malaria, the Government had distributed long-lasting insecticide-treated nets and had launched cooperation projects with neighbouring countries and fellow members of the Southern African Development Community (SADC).

8. Various national plans had been adopted to promote sexual and reproductive health among adolescents. Under an agreement with the World Bank, the Government was set to receive funding of US$ 110 million, which was to be invested in health services for women and girls of reproductive age and children under 5 years old. The funding would be used to equip 300 primary health-care centres in seven provinces.

9. An integrated mental health system had been set up in six provinces. Numerous measures had been taken to combat HIV/AIDS, as outlined in paragraphs 64 and 65 of his country's replies to the list of issues (CRC/C/AGO/Q/5-7/Add.1). Around 20,000 children aged 14 years and under were living with HIV/AIDS. Treatment was being provided to 14 per cent of those children, as well as to around 7,000 women with HIV/AIDS. The

Government was fully committed to cooperating with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and to pursuing the 90-90-90 target; the Executive Director of UNAIDS had visited Angola in 2013.

10. **Ms. Aho Assouma** said that it was unclear how the health services described by the delegation were provided in rural areas, where there was a lack of trained personnel. She would appreciate information on the recent outbreak of yellow fever. She also wondered how many mosquito nets had been distributed and what steps were taken to ensure that they were used for their intended purpose. It would be interesting to hear what initiatives had been taken in connection with the African Union Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa and how blood bags were made available for use during caesarean deliveries. Lastly, she wished to know how much of the national budget was allocated to the health sector and whether vaccines were purchased using the State budget or with financial assistance from international partners.

11. **Mr. Fernandes de Carvalho** (Angola) said that there had been an outbreak of yellow fever in September 2015. A total of 844 persons had been infected, including 46 children under 4 years old and 183 children between 5 and 14 years old. Over 18 million people had received yellow fever vaccinations as part of a mass immunization campaign. No further cases of the disease had been reported since December 2016.

12. Awareness-raising on the correct use of mosquito nets had been carried out. A national blood bank had been set up and medical staff had received training on the distribution and use of blood supplies. Initiatives had been organized to encourage people to donate blood.

13. Health spending currently accounted for 6 per cent of the national budget. The Government was working hard to reach the target of 15 per cent that had been established in the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa. Additional funding was provided by international partners such as the Global Alliance for Vaccines and Immunization (GAVI). Over 90 per cent of spending on vaccines was financed from the State budget; the remaining costs were covered by international partners.

14. **Ms. Mixinge** (Angola) said that the number of voluntary blood donors had increased and that blood donors' associations were being set up.

15. **Mr. Rodríguez Reyes** said that he would like to know whether public health policies covered the whole of the national territory, including rural areas. With regard to breastfeeding, it would be helpful to hear more about the State party's implementation of the UNICEF baby-friendly hospital initiative. He would also like to know whether the Government intended to extend maternity leave from 12 to 14 weeks, in line with the International Labour Organization (ILO) Maternity Protection Convention, 2000 (No. 183). The delegation should provide information on any public policies regarding mental health.

16. **Ms. Mixinge** (Angola) said that, while the vaccination programme covered the whole country, campaigns were conducted on a regional basis. Urban and rural populations benefited from the same level of vaccination coverage. The armed forces and civil society assisted the Government in reaching the most remote areas.

17. The Government was implementing a baby-friendly municipality initiative with the aim of making schools, hospitals and police stations more baby-friendly; the Ministry of Health worked in close collaboration with UNICEF. More than 80 per cent of infants were breastfed, and the Government had signed an agreement with Brazil to establish a human milk bank in Luanda. It was hoped that such banks could subsequently be established elsewhere in the country.

18. **Mr. Malovoloneke** (Angola) said that the President had established an interministerial subcommission on communication and social mobilization for health. Such efforts were spearheaded by the Government, which produced advertising materials for television and radio broadcast and, with the support of international partners such as UNICEF and the United States Agency for International Development (USAID), trained civil society activists to promote health messages in rural areas.

19. Emergency and routine health services were available in all parts of the country. While problems with access occasionally arose owing to sudden rains, all roads had been cleared of landmines since the end of the armed conflict and in principle all areas were accessible.

20. It was common for African populations to use mosquito nets for other purposes, such as fishing. The Government was implementing a campaign to combat that practice, involving radio and television advertisements and awareness-raising in local communities. As part of those efforts, activists from civil society visited families to explain the importance of mosquito nets and demonstrate their proper use. A survey would be carried out in July 2018 to gauge the effectiveness of the campaign. The Government was endeavouring to ensure that the whole population had access to mosquito nets, especially pregnant women and children under 5 years old.

21. Training was available for community health service providers in rural areas and had been conducted even during the armed conflict. Currently, the Ministry of Social Communication, the Ministry of Health and the Ministry for Social Action, the Family and the Advancement of Women were training community development officials to conduct awareness-raising at the grass-roots level regarding education, health and social assistance.

22. **Ms. Januário** (Angola) said that adoption was a judicial rather than an administrative process and was regulated by the Family Code. Adoptive parents were required to be over 25, to have the moral capacity to raise a child and to be able to provide a child with food and education. Their marital status was not taken into consideration. The process was the same for foreigners as for Angolan nationals. However, approval from the National Assembly was required for international adoptions. Children under the age of 18 whose parentage was unknown or who had been abandoned were eligible for adoption. Following adoption, the child could choose to take the family name of his or her adoptive parents and had the same rights as any biological children. Social workers provided ongoing support to adopted children. Children over the age of 10 were entitled to have their opinion heard regarding their adoption. Only a handful of adoptions took place each year, as children were often taken in by aunts or uncles. In those cases, social workers carried out assessments to ensure that children were not ill-treated.

23. In 2014, the Government had adopted legislation on human trafficking and had ratified the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the Convention. The President had established the Interministerial Commission to Combat Human Trafficking, which was guided in its work by the principles set out in the Protocol. A national plan to combat human trafficking was being drafted, and Angola was involved in coordinated efforts to reduce trafficking with other members of the Community of Portuguese-speaking Countries. In addition, partnerships had been established with the Central African countries and with SADC, the International Organization for Migration and the United Nations Office on Drugs and Crime. The Government had organized training on human trafficking and disseminated guidelines on the issue. Trafficking carried a sentence of 8 to 12 years' imprisonment, but there had not yet been any convictions as the legislation was so recent. The Department of State of the United States of America had recognized the Government's efforts to combat trafficking in its most recent Trafficking in Persons Report.

24. Abortion was currently a criminal offence. However, a new Criminal Code was being drafted. It had not yet been adopted because there was intense debate about whether abortion should be decriminalized. Amendments to the draft were being discussed, and it seemed that the best option would be to continue to criminalize abortion but allow for certain exceptions.

25. Public and private sector workers were entitled to three months' maternity leave. Mothers expecting more than one child received an extra month of leave for each additional baby. The law stipulated that mothers could take up to 30 days' annual leave to supplement their maternity leave.

26. Lastly, two protesters had been killed by police gunfire at the demonstration in Caluquembe referred to previously by the Committee. The law enforcement officer involved had been dismissed from the police force and would face criminal proceedings.

27. **Ms. Izata** (Angola) said that Angola had not yet acceded to the 1993 Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption because the country's accession process was lengthy, involving detailed analysis, and adoption was in fact rare.

28. **Ms. Todorova** (Country Task Force) said that she wondered what types of alternative care were available, other than adoption. It would be useful to have further information on children living in institutions or foster care, for example. She would also like to know whether the Government had reservations regarding international adoption.

The meeting was suspended at 11.20 a.m. and resumed at 11.40 a.m.

29. **Ms. Teresinha** (Angola) said that, under the law, the State was obliged to take administrative, social and educational measures to protect children who were in situations of vulnerability or who were deprived of a family environment. A family reunification programme was being developed to enable such children to be returned to their own relatives or taken into foster families. Orphaned or abandoned children were placed in children's homes only as a last resort, when placement in a family environment was not possible. The "life project" for children in children's homes guaranteed them schooling, holistic personal development, social reintegration and rehabilitation. When they reached 17 years of age, they were given vocational education with a view to their subsequent entry into the labour market. The National Institute of the Child worked with churches to coordinate services for children outside the family environment.

30. **Ms. Ayoubi Idrissi** (Coordinator, Country Task Force) said that, while the State party's legislative framework was clearly comprehensive, she wished to know what measures were taken to ensure that the law was implemented. Despite being prohibited by law, child labour was persistent, in particular in agriculture, and also in its worst forms, with children from the Democratic Republic of the Congo working in appalling conditions in the State party's diamond mines. Similarly, with regard to trafficking in children, while the legislation in place was good, she wished to know what specific measures were taken to ensure the prevention and punishment of trafficking, and rehabilitation for victims.

31. **Ms. Mixinge** (Angola) said that offenders in cases of child labour were punished while victims were taken into the family reunification programme. If a child's family could be easily located, the child was returned immediately; otherwise, the child was taken into care while the family's whereabouts were determined. If family reunification took longer than three months, the child was integrated into the education system. The border with the Democratic Republic of the Congo was somewhat porous, which made migration difficult to monitor. Anyone exploiting children in Angolan territory was, however, liable to punishment under Angolan law. The Angolan authorities were working with UNICEF on family reunification in the Democratic Republic of the Congo.

32. With regard to agriculture, children carried out basic tasks while learning about farming practices from their parents. Family agriculture was not a form of exploitation provided that parents respected their children's right to education. Engaging children in forced agricultural labour was, however, punishable by law. Teachers and social workers were well placed to identify and investigate anomalies in children's behaviour or school attendance indicating potentially harmful situations, such as abuse, exploitation or bullying. Complaint boxes had been placed in schools through which children could communicate any concerns they might have. Since peace had been restored in Angola, the risk of violence outside the family environment had reduced considerably, as had the number of children requiring foster care. Efforts were being made to raise awareness among adults of the dangers of exploiting children, and in particular to make it known that children born out of wedlock had the same rights as those born to married parents.

33. The various ethnic and linguistic groups in Angola coexisted harmoniously, and education was provided for all children in their local language. Some 3,000 children belonged to ethnic minorities and were integrated into mainstream schools. The procedures

in place to guarantee their access to education differed from region to region, according to the specificities of the communities concerned. Efforts were also made to ensure that adequate nutrition and health care were available in those communities. Particular challenges arose with regard to service coverage for the children of nomadic cattle herders.

34. Access to land was guaranteed for all, with measures being taken to ensure that women were recognized as landowners. In the case of polygamous households, in which a man could have up to five wives only one of whom would be recognized in law, steps were being taken to make sure that all the wives were named on the land registry and had ownership of their homes.

35. On the question of religious freedom, while young children tended simply to follow their parents' religion, minors were entitled to make their own religious choices and inform their parents of their preferences. An interministerial commission had been established to monitor the implementation of legislation on freedom of belief and worship. Churches provided social and spiritual support to children and their families, including in the form of family counselling. The National Institute of the Child cooperated with churches to ensure that any counselling provided was appropriate and sought to identify any situations in which a child's well-being was endangered. In such cases, the judicial authorities would be informed.

36. **Ms. Aho Assouma** asked what was being done to improve health-care infrastructure. She was concerned about information that certain services, such as the issue of medical certificates attesting to sexual abuse, were not provided free of charge in the State party. Were there any child psychiatrists specifically trained to treat children who had been victims of sexual abuse?

37. **Ms. Ayoubi Idrissi** asked whether the age of criminal responsibility would be raised under the ongoing reform of the Criminal Code. She also wished to know whether the prohibition of polygamy had been effective and what specific measures were taken to ensure that the prohibition on female genital mutilation was enforced.

38. **Ms. Mixinge** (Angola) said that additional health facilities were being built while health centres were being provided with new equipment. Health workers were being trained. In rural areas, health coverage challenges persisted owing to the considerable distances between settlements. Female genital mutilation was not practised by Angolans but was sometimes practised by non-nationals resident in Angola. Perpetrators would be held accountable under Angolan law. Migration legislation was currently being revised to ensure that all families in Angola, regardless of their country of origin, had access to essential services and respected Angolan law.

39. **Ms. Januário** (Angola) said that primary health care was provided free of charge and included the medical assessment of victims of sexual abuse, which was conducted by the forensic laboratory. The State was responsible for investigating and punishing cases of sexual abuse. According to a national survey, female genital mutilation, which was an offence under the Criminal Code, was not a traditional practice in Angola. A warning system had been set up jointly with hospitals and State services to prevent female genital mutilation in migrant families and communities. The Angolan authorities were participating in an African Union campaign to prevent and prohibit female genital mutilation. All forms of discrimination on grounds of gender identity and sexual orientation were also criminalized.

40. With regard to juvenile justice, 16 years would be maintained as the age of criminal responsibility. The number of minors in detention had decreased considerably in recent years. Minors received differentiated treatment in detention and pretrial detention, according to the type of offence they had committed. In detention, there was a focus on recreational activities and reintegration into society. Trials for minors were expedited to ensure that they spent the shortest possible time remanded in custody. Churches and non-governmental organizations (NGOs) provided social support to inmates who were minors, and prison visits were conducted by representatives of the National Institute of the Child. The provinces where detention conditions for minors were of the greatest concern were those with major urban settlements. There were some provinces, on the other hand, where there was no one under the age of 18 years in custody.

41. Officials from the Ministry for Social Action, the Family and the Advancement of Women were discussing the advisability of setting up facilities specifically for minors in conflict with the law with their counterparts from the Ministry of the Interior. Alternatives to detention, such as community service, were provided for. Efforts to ensure that such alternatives were turned to more frequently needed to be made, however.

42. The country had centres for the support of victims of human trafficking. Children in those centres, including children who did not speak Portuguese, received educational, health, psychological and legal assistance. Other children who were waiting to be reunited with their families benefited from the same support system. The ongoing expansion of the system of warnings that were triggered in the event of suspicions of human trafficking would facilitate the Government's efforts to combat the phenomenon.

43. Fewer than one hundred children were living with their imprisoned mothers. The authorities had concluded that the potential harm done to a child, a nursing child in particular, as a result of separation from the imprisoned mother was much greater than the harm he or she was likely to suffer from being in prison. Children could stay with their mothers in prison up to the age of 3, at which point the mother named a person with whom she wished her child to be placed. The child could also be placed in an institution.

44. **Ms. Mixinge** (Angola) said that she wished to reiterate her Government's commitment to the promotion and protection of the rights of the child. The dialogue with the Committee would enable the Angolan authorities to respond with renewed vigour to the many challenges they faced.

Initial report of Angola on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC/C/OPAC/AGO/1; CRC/C/OPAC/AGO/Q/1 and CRC/C/OPAC/AGO/Q/1/Add.1)

45. **Mr. Madi** (Country Rapporteur) said that he wished to know whether the State party intended to define the recruitment of children under the age of 15 as a war crime. He wondered what body coordinated the Government's efforts to implement the Optional Protocol and what specific measures had been taken to familiarize the public — children in particular — with it. An explanation of the steps that had been taken to provide training to persons working with children who were likely to have been involved in armed conflict would be welcome, as would comprehensive data on refugee and asylum-seeking children who had entered the State party after possibly having been used in hostilities abroad and on the use of children by armed groups in Cabinda Province.

46. He wondered what measures had been taken to prohibit and criminalize the recruitment and use in hostilities of children under the age of 18 by the armed forces, non-State armed groups, police forces, militias and private security companies. The information contained in paragraph 22 (e) of the State party's initial report (CRC/C/OPAC/AGO/1), in which it was stated that military criminal law did not apply to children under the age of 16, caused him to wonder whether it applied to 16- and 17-year-olds. He also wondered whether plans had been made to ensure that the tests used to determine a prospective recruit's age in the absence of a birth certificate could be administered in all parts of the country. Lastly, he wished to know whether, under the Military Service Act (Act No. 1/93), a person could be recruited on 1 January of the year he turned 18 or whether it was necessary to wait until his birthday.

47. **Ms. Skelton** (Country Rapporteur) said that she wished to know what was being done to combat impunity for crimes covered in the Optional Protocol, in particular since it would not be unlikely for Angola to find itself playing host to victims of war crimes committed in such countries as the Democratic Republic of the Congo. In that connection, she wondered whether mechanisms had been put in place to assist such victims and whether efforts had been made to establish extraterritorial jurisdiction over crimes under the Optional Protocol.

48. She would welcome confirmation that the amounts allocated to advocacy, prevention and intervention programmes that appeared in the tables in the State party's initial report were in kwanzas, the local currency. It would be interesting to know what

activities or services the programmes to reintegrate former combatants involved. It would also be interesting to know why information on the number of children who had fought in the Angolan civil war was sometimes contradictory and whether the services available to former child soldiers were provided to them regardless of whether they had fought with the government or the rebel forces.

49. The delegation should provide an update on the efforts that were being made to identify unaccompanied minors arriving in the State party from Kasai Province in the Democratic Republic of the Congo, where they could have been used in hostilities. An indication of the progress made towards full removal of landmines and other forms of unexploded ordnance, which had a disproportionate impact on children, would also be welcome.

Initial report of Angola on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (CRC/C/OPSC/AGO/1; CRC/C/OPSC/AGO/Q/1 and CRC/C/OPSC/AGO/Q/1/Add.1)

50. **Mr. Kotrane** (Country Rapporteur) said that he wished to know what plans had been made to ensure the collection of relevant data, which, as the State party itself had acknowledged in its initial report (CRC/C/OPSC/AGO/1), were lacking. It would be particularly useful to have disaggregated data on both the victims and the perpetrators of crimes covered in the Optional Protocol.

51. He asked what measures were planned to ensure that all such crimes, including forced child labour, were addressed in the State party's criminal law, that the perpetrators were prosecuted and that laws protecting children protected them up to the age of 18. It would be interesting to learn whether the State party intended to establish the liability of legal persons for crimes under the Protocol.

52. He would welcome an indication of the steps taken by the State party to establish jurisdiction over offences committed abroad by one of its nationals or by a foreign national resident in the State party and over offences committed against Angolan children abroad. Similarly, he wondered what measures had been planned or taken to ensure that, in the absence of an extradition treaty, the Optional Protocol was considered a legal basis for extradition in respect of the offences referred to in article 3 (1). Lastly, it would be interesting to learn more about the efforts being made by the State party to protect child victims of and witnesses to crime.

53. **Mr. Mezmur** (Country Rapporteur) said that he would welcome more information about the national action plan to combat the commercial sexual exploitation of children mentioned in paragraph 12 of the State party's initial report. It would be helpful to know, for example, whether the plan, which was nearly twenty years old, was still in place, whether it covered all the offences specified in the Optional Protocol, whether its impact had been evaluated and, if so, what the outcome of the evaluation had been. A comment on the specific results of the partnerships — with the World Health Organization, ILO, Terre des Hommes International Federation and other organizations — mentioned in paragraph 48 of the initial report would be welcome, as would an indication of whether the regional research into the root causes of child prostitution, child pornography and the sale of children, also referred to in paragraph 48, had been conducted. If so, what were the findings?

54. He wondered whether there was a government body responsible for coordinating efforts to implement the Optional Protocol. He would welcome a clarification of how the training provided by the Ministry of Education related to the Protocol. In addition, he wished to know whether the funds allocated to activities for the implementation of the Protocol had increased or decreased in recent years and whether the authorities considered the funds allocated for that purpose to be sufficient.

55. He asked whether NGOs were tasked by the Government with operating shelters and providing other services and, if so, whether the Government monitored their work. It would be interesting to know more about the 2004 evaluation of the action plan adopted for Matala and Santa Clara, towns in the southern provinces of Huíla and Cunene, respectively,

where instances of child labour, cross-border trafficking of children, child prostitution and child pornography had been identified.

56. He would welcome information on the ability of the Migration and Aliens Unit to identify likely victims of the offences covered in the Optional Protocol and on how the Unit dealt with such victims. He wondered how effective and widely known the anonymous reporting page of the National Police website was and to what extent it was used to collect data. Lastly, he wished to know whether the National Development Plan for 2018–2022 and the future National Strategy for Education in Human Rights addressed issues relevant to the Optional Protocol.

The meeting rose at 1 p.m.